

**Louisiana State Board of Medical Examiners**

Physical Address: 630 Camp Street, New Orleans, LA 70130  
Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250  
Phone: (504) 568-6820, Fax: (504) 568-0503



***VISITING PHYSICIAN PERMITS  
QUALIFICATIONS/INSTRUCTIONS***

The board may issue a visiting physician temporary permit to an applicant physician who is invited by one or more physicians licensed in Louisiana to participate or consult in the diagnosis or treatment of a patient under care in a Louisiana medical institution.

**Qualifications for permit**

Be at least 21 years of age and of good moral character

Be a citizen of the United States or possess valid and current legal authority to reside and work in the United States duly issued by the commissioner of the Immigration and Naturalization Service

Possess a doctor of medicine or doctor of osteopathic degree duly issued by a medical/osteopathy school approved by the board. This diploma must be in English; if not in English must be accompanied by a certified translation into English **(Provide copy for our file)**

Applicant must hold a current unrestricted license to practice medicine issued by a medical or osteopathic licensing authority of another state or, if an alien, hold an unrestricted license or other legal authority to engage in the practice of medicine in his domicile country **(Provide copy for our file; Verification that this license is current and in good standing must be received by this board prior to the issuance of the permit)**

Must have written recommendations by two licensed physicians in the state of Louisiana attesting to the professional qualifications of the visiting physician and assuming responsibility for his professional activities and patient care **(Letters must be received by this office prior to the issuance of the permit)**

\$100.00 Fee –**FEE IS NOT REFUNDABLE**

**NO APPLICATION IS REQUIRED**

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***VISITING PROFESSOR TEMPORARY PERMIT  
QUALIFICATIONS/INSTRUCTIONS***

The board may issue a visiting professor temporary permit to an applicant physician who is invited by an accredited medical school or college within the state of Louisiana approved by the board to serve on the faculty of the school or college.

**Qualifications for Permit**

Be at least 21 years of age and of good moral character

Be a citizen of the United States or possess valid and current legal authority to reside and work in the United States duly issued by the commissioner of the Immigration and Naturalization Service

Possess a doctor of medicine degree duly issued by a medical school approved by the board. This diploma must be in English; if not in English must be accompanied by a certified translation into English

Applicant must hold a current unrestricted license to practice medicine issued by a medical licensing authority of another state

Complete the application as previously stated.

Pay the applicable fee of \$382.00. **FEE IS NOT REFUNDABLE**

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***VISITING PHYSICIAN EVALUATION TEMPORARY PERMIT  
QUALIFICATIONS/INSTRUCTIONS***

The board may issue a visiting physician evaluation temporary permit to an applicant physician to conduct a non-invasive evaluation of an individual located in Louisiana, who has given consent, provided that while acting under the authority of such permit in Louisiana such physician shall not utilize the results of his evaluation to treat any medical condition which he may determine such individual to suffer, or engage in any activity beyond the scope of authority specifically conferred by such permit.

**Qualifications for Permit**

Be at least 21 years of age and of good moral character

Be a citizen of the United States or possess valid and current legal authority to reside and work in the United States duly issued by the commissioner of the Immigration and Naturalization Service.

Possess a doctor of medical or doctor of osteopathic degree duly issued by a medical or osteopathic school approved by the board. Diploma must be in English or must be accompanied by a translation.

Applicant must hold a current unrestricted license to practice medicine issued by a medical or osteopathic licensing authority of another state, or if an alien, hold an unrestricted license or other legal authority to engage in the practice of medicine in his domicile country. **(Provide copy for our file; Verification that this license is current and in good standing must be received by this board prior to the issuance of the permit)**

Must have written confirmation of the location and date where such evaluation is to be conducted. **(Letter must be received by this office prior to the issuance of the permit)**

Must have written confirmation that the evaluation sought to be performed is being undertaken with the consent of the individual to be evaluated. **(Letter must be received by this office prior to the issuance of the permit)**

Pay the processing fee (\$100.00) **FEE IS NOT REFUNDABLE**

**NO APPLICATION IS REQUIRED**